

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-5681		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.												
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED														
IN COUNTY OF WARREN					IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH:	04 02 14	DAY		Wed	TIME: MILITARY	1230									
CRASH OCCURRED ON					650 E. Main St., Lebanon, Oh 45036					WITHIN THE INTERSECTION OF														
IF NOT IN INTERSECTION					(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					CITY CODE					8321									
LOG-1		LOG-2		LOC		JUR		FH9		FILT														
A	UNIT NO.	NO OF OCCUPANTS	2		OPERATING	<input checked="" type="checkbox"/>		PARKED	<input type="checkbox"/>		DRIVERLESS	<input type="checkbox"/>		HIT & RUN NON CONTACT	<input type="checkbox"/>		INSURANCE CO OR AGENT	Erie Insurance						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)					Byrd, Joyce					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					481 Harbor Dr., Lebanon, Oh 45036									
PHONE NO.		(513) 932-1327		BIRTH DATE	9 12 43		AGE	70	SEX	F	SOCIAL SECURITY NO.		STATE	OH	DRIVER'S LICENSE NO.	RG556783		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME)					Byrd, Wayne					ADDRESS					Same					PHONE		(513) 932-1327		
VEH YR	08		MAKE	Ford		MODEL	Focus		COLOR	Silver		STYLE	4S		STATE	OH	LICENSE PLATE NO.	ELB9920		TOWING SERVICE		VEH/PED DIR	FROM N TO S	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE												
8	UNIT NO.	NO OF OCCUPANTS	1		OPERATING	<input checked="" type="checkbox"/>		PARKED	<input type="checkbox"/>		DRIVERLESS	<input type="checkbox"/>		HIT & RUN NON CONTACT	<input type="checkbox"/>		INSURANCE CO. OR AGENT	Warren Co is Self Insured						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)					Norris, Michael, I.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					2504 W. Kemper Rd., Cincinnati, Oh 45231									
PHONE NO.		(513) 695-2886		BIRTH DATE	6 13 66		AGE	47	SEX	M	SOCIAL SECURITY NO.		STATE	OH	DRIVER'S LICENSE NO.	RH693789		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME)					Warren County Commissioners Office					ADDRESS					406 Justice Dr., Lebanon, Oh 45036					PHONE		(513) 695-1244		
VEH YR	03		MAKE	Ford		MODEL	Crown Victoria		COLOR	Black		STYLE	4S		STATE	OH	LICENSE PLATE NO.	622YOA		TOWING SERVICE		VEH/PED DIR	FROM W TO N	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE												
C		FROM UNIT NO.	NAME (LAST, FIRST, MI)		Byrd, Darby		BIRTH DATE	m d y		AGE	12	SEX	F	POSITION		INJURIES								
			ADDRESS		481 Harbor Dr., Lebanon, Oh 45036		PHONE	(513) 932-1327						A B C D E F		5 5 C D E F								
D.		FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE	m d y		AGE		SEX		A B C D E F		5 5 C D E F		I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED						
			ADDRESS				PHONE							A B C D E F		5 5 C D E F		CONDITION						
E		FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE	m d y		AGE		SEX		A B C D E F		5 5 C D E F		I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN						
			ADDRESS				PHONE							A B C D E F		5 5 C D E F								
F.		FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE	m d y		AGE		SEX		A B C D E F		5 5 C D E F								
			ADDRESS				PHONE							A B C D E F		5 5 C D E F								
A		B	C	INJURED TAKEN TO		By		A		B	C	D	E	F	ALCOHOL		A		TESTED		B		TESTED	
D		E	F	INJURED TAKEN TO		By		1		2	3	4	5	6	I NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1		YES		NO			
A		B	C	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B	C	D	E	F	EJECTION		A		TESTED		O		TESTED	
O		B	C	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A		B	C	D	E	F	A		TESTED		O		TESTED			
RECEIVED CALL		1447		DISPATCHED	1448		ARRIVED	1451		CLEARED	1526		OTHER TIME	39		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1		YES		NO		
DATE REPORT FILED		M d y		PHOTOS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME		Ptl. T. Cooper		BADGE NO.	125		CHECKED BY	S. Morris #131		I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		1		YES		NO	